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1. TITLE OF REPORT (if a fill-in report include Form No.)							2. TYPE	X	STATISTICAL	
							REPORT		NARRATIVE	
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j. FUNCTIONAL A	REA X	LOGISTICS		FINANGE			OTHER (specify)			
4. NO. OF COPIE	3 PREPARED		Y (weekly.	monthly, quarterly, etc.)			G. DISTRIBUTION (No. of components not			
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7. FORMAT (memo	randum, form						ECTIVE AUTHORITY REQUIRING REPORT			
computer pri	nt-out, etc)	YES IF YES GIVE ADP PROCESSING NO.					OL			
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12. COST FACTORS										
A. MANUAL PREPARATION AND REVIEW COSTS										
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13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.										

Status information on all contracts.